24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
	11 09 7 2015
Mailing Address 1020 Princess Street	Amount
City State Zip Code	825.54
Alexandria VA 22314	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type	004
Name of Federal Candidate Suppo	ort Office Sought: House District:
Jeb Bush Oppos	se X President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 5926704.25	Disbursement For:
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	963.13
Alexandria VA 22314	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type	004 10 / 02 / 2015
Name of Federal Candidate Support	ort Office Sought: House District:
Jeb Bush Oppos	se President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) CURTOTAL of Remined Independent Evpanditures	4700 67
(a) SUBTOTAL of Itemized Independent Expenditures	1788.67
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement committee) any political party committee or its agent.	•
Charles R. Spies [Electronically Filed] Signature	Date 11 / 11 / 2015
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TIONES	PAGE 2 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Right to Rise USA		C C00571372		
Check if 24-hour report X 48-hour report New report	ort Amends report	filed on M = M / D = D / Y = Y = Y		
Full Name of Payee		Date of Public Distribution/Dissemination		
Revolution Agency		11 09 / 2015		
Mailing Address 1020 Princess Street		Amount		
City State	Zip Code	963.13		
Alexandria VA	22314	Transaction ID: 003 Date of Disbursement or Obligation		
Purpose of Expenditure Media production	Category/ Type 004	10 02 7 2015		
Name of Federal Candidate	X Support	Office Sought: House District:		
Jeb Bush	Oppose	President Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General 2016 Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination		
Revolution Agency		11 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1020 Princess Street		Amount		
City State	Zip Code	550.36		
Alexandria VA	22314	Transaction ID : 004 Date of Disbursement or Obligation		
Purpose of Expenditure Media production	Category/ Type 004	10 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District:		
Jeb Bush	Oppose	President Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought	145246.36	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		1513.49		
(a) CODICINE OF NOTIFICE Mapping Experioration		1010.40		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Charles R. Spies [Electron] Signature	ically Filed] Date	11 11 2015		
Oignaturo				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	I EXI END	II OILO		PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Right to Rise USA				C C00571372	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y	
Full Name of Payee Revolution Agency				of Public Distribution/Dissemination	
Mailing Address 1020 Princess Street			Amou	11 09 2015 nt	
City	State	Zip Code		55.04	
Alexandria	VA	22314		action ID: 005 If Disbursement or Obligation	
Purpose of Expenditure Media production		Category/ Type 004	М	10 02 / 2015	
Name of Federal Candidate		X Support	Office Sough	t: House District:	
Jeb Bush		Oppose	X Preside		
Calendar Year-To-Date Per Election for Office Sought	,,	13355.04	Disbursemen 2016 O	t For:	
Full Name of Payee Revolution Agency			Date o	of Public Distribution/Dissemination	
Mailing Address 1020 Princess Street			Amou	nt	
City	State	Zip Code		55.04	
Alexandria	VA	22314	Transaction ID : 006 Date of Disbursement or Obligation		
Purpose of Expenditure Media production		Category/ Type 004	M	10 02 / 2015	
Name of Federal Candidate		X Support	Office Sough	t: District:	
Jeb Bush		Oppose	X Preside	ent Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		10055.04	Disbursemen 2016 O	t For:	
(a) SUBTOTAL of Itemized Independent Expenditure	9S			110.08	
(b) SUBTOTAL of Unitemized Independent Expenditu	ures				
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized				
Charles R. Spies	[Electron	nically Filed] Date	e 11	11 2015	
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48			
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Right to Rise USA	C C00571372			
	0,			
Check if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Revolution Agency	11 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1020 Princess Street	Amount			
City State Zip Code	55.04			
Alexandria VA 22314	Transaction ID: 007 Date of Disbursement or Obligation			
Purpose of Expenditure Media production Category/ Type 004	10			
Name of Federal Candidate Support Office	e Sought: House District:			
Jeb Bush Oppose	President Senate State: WI			
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M M / D D / Y Y Y Y			
Mailing Address	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Offic	e Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Disb	ursement For: Primary General			
Per Election for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	55.04			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(a) GODIVIAL OF OFFICE INCOMENGENCE Experiations	7 7 7			
(c) TOTAL Independent Expenditures	3467.28			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Bato	11 11 2015			
Signature				